

SEP 16 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ROWE, et al.

Attorney Docket No.: IGT1P119

Application No.: 09/688,854

Examiner: N. Pillai

Filed: October 16, 2000

Group: 2173

Title: METHOD AND SYSTEM FOR
CONFIGURING A GRAPHICAL USER
INTERFACE BASED UPON A USER
PROFILE

Confirmation No.: 1791

CERTIFICATE OF FACSIMILE TRANSMISSIONI hereby certify that this correspondence is being transmitted by
facsimile to fax number 571-273-8300 to the U.S. Patent and
Trademark Office on September 16, 2005.

Signed: _____

Susan W. Xu

NOTICE OF APPEALMail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450RECEIVED
OIPE/IAP

SEP 19 2005

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary
Examiner mailed June 16, 2005 finally rejecting Claims 1-8, 10-14, and 17-33.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136
apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

09/19/2005 HLE333 00000015 500388 09688854

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<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

Notice of Appeal Fee \$500.00
Extension Fee (if any) \$

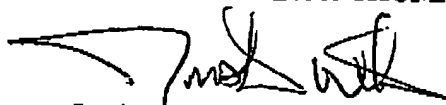
Total Fee Due \$

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Please charge the required fees and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. IGT1P119).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP



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